

SB 172: Health Care Commission passes; includes BH seat

SB 172, sponsored by Senator Donny Olson (D-Golovin), establishes a 10-member Alaska Health Care Commission to serve as the state's health planning and coordinating body. The role of the commission is to provide recommendations to the Governor and the legislature on a comprehensive statewide health care policy and on strategies for improving the health of Alaskans.

Advocacy efforts supported including a seat for a behavioral health representative – which was established in the final bill with these provisions: “one member of the commission will represent a behavioral health care provider (i) licensed as a behavioral health practitioner in the state, or (ii) employed as an administrator of an organization that provides behavioral health care services.”

On September 14, 2010, new commission members were appointed, including Patrick Branco, Emily Ennis, Col. Paul Friedrichs, Dr. Timothy (Noah) Laufer, and David Morgan.

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Members of the Senate Bi-Partisan Working Group address the media on the final day of the 2010 Legislative Session, April 19.

No passage for SB 32: Rate Reviews for Home and Community-based Services

Advocacy groups worked hard into the 11th hour

Hope for passage of [SB 32](#), related to periodic rate reviews for home and community-based services, died at the end of session when the bill failed to move out of the House Finance committee.

The bill, sponsored by Senator Johnny Ellis (D-Anchorage), would have established a regular and periodic schedule of rate reviews for home and community-based services – which include mental health care, infant learning, personal care attendants, assisted living, senior care, substance abuse counseling. These services assist Alaskans with developmental disabilities and serve to reduce the need for more costly institutional, emergency, and nursing home care, while improving quality of life for people with disabilities.

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***Update:** DHSS is in the final review and completion process of establishing regulations that would address rate increases (October 2010).*

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The Role of Consumers in Health Care

"21st Century Intelligent Health System: An Individual-Centered Approach."

Melissa Ferguson and Laura Linn. Center for Health Transformation. 2009

"State Approaches to Consumer Direction in Medicaid." Jessica Greene.

Center for Health Care Strategies, Inc. Issue Brief. July 2007.

"The Economic Argument for Disease Prevention: Distinguishing Between Value and Savings." Steven Woolf, Corinne Husten, Lawrence Lewin, James Marks, Jonathan Fielding, Eduardo Sanchez. Partnership for Prevention. February 2009.

"Workplace Health Promotion: Policy Recommendations that Encourage Employers to Support Health Improvement Programs for their Workers." Ron Goetzel, Enid Chung Roemer, Rivka Liss-Levinson, Daniel Samoly. Partnership for Prevention. December 2008.

--from www.state.ak.us

Health Care Commission – continued from page 1

Reappointments were established for Keith Campbell, Valerie Davidson, Jeffery Davis, Dr. Ward Hurlburt, Wayne Stevens, Dr. Larry Stinson, Linda Hall, Representative Wes Keller, and Senator Donny Olson.

Emily Ennis, from Fairbanks, was appointed to the seat representing behavioral health. She is the executive director of Fairbanks Resource Agency, a non-profit corporation serving Interior Alaskans with disabilities. She is the president of the Alaska State Association on Developmental Disabilities, in addition to her service on the American Network of Community Options and Resources. Ennis is a former mental health specialist with the Marion County (OR) Mental Health Program, and is appointed to a seat representing the Alaska Mental Health Trust Authority. ❖

Rate Review – continued from page 1

Periodic rate reviews assist providers in maintaining the systems of care that serve Alaska's most vulnerable populations.

Before the rate rebasing in FY09, most home and community-based service providers had operated over a decade without increases or a rate review – resulting in reduced quality and availability of services, diminishing pool of resources, and erosion of the system.

Additional background:

In FY07, home and community based services were provided to nearly 57,000 people who would have otherwise been served by costly institutional or nursing home care;

Provider associations report that almost 20,000 Alaskan seniors received home and community based services, and over 30,000 Alaskans received behavioral health services from non-profit providers;

3,807 Alaskans received personal care attendant services;

2,636 Alaskans with developmental disabilities received services;

1,500 Alaskans received care through assisted living homes;

An estimated 1,400 children were enrolled in early intervention/infant learning programs.

Alaska's system of care for individuals with special needs is based on a network of non-profit providers. Without adequate funding, our providers cannot continue to provide quality services. Without providers, Alaska's systems of care are weakened.

Proponents of SB 32 support that a schedule of rate reviews is necessary in order for the Department of Health and Social Services (DHSS) and the State of Alaska to maintain a 10-year fiscal plan that adequately budgets for the costs of home and community-based services. By establishing a regular schedule, all stakeholders – providers, DHSS and the legislature – will be able to engage in more effective management of our state's budget and the responsibility to care for our most vulnerable citizens. ❖

Rate Review Update: DHSS is in the final review and completion process of establishing regulations that would address rate increases (October 2010).

SB 13: Denali KidCare passes; veto follows

Bill would have provided health care coverage for more children and pregnant women

In the last hours of session, SB 13, relating to Denali KidCare health insurance program for children and pregnant women, had its final vote on the House floor, securing its final passage and submission to the Governor for a signature. However, citing disagreements related to the funding of certain abortions, Governor Parnell vetoed the bill.

SB 13, sponsored by Senator Bettye Davis (D-Anchorage), was one of AMHB/ABADA's top priorities this legislative session.

In the House of Representatives, 37 members voted to raise the eligibility level for families from 175% to 200% of the federal poverty level.

SB 13 addressed the fundamental health care needs of Alaska's children by proposing insurance coverage for children and teens through age 18 and for pregnant women who meet income guidelines.

Health care is one of the main components of preventing disease, finding and treating problems early before they become more costly, and maintaining overall good health. Children and teens covered by Denali KidCare receive a full range of prevention and treatment services, including doctor's visits, health check-ups & screenings, vision exams and eyeglasses, dental checkups, cleanings & fillings, hearing tests and hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation.

Without adequate health care, children and pregnant women are at risk for complications and more costly care later on.

Additional information:

In Alaska, more than 75% of children with special health care needs who have Denali KidCare receive the mental health services they need.

Nationwide, 56.8% of uninsured children with special health care needs receive the necessary mental health services.

Medicaid-enrolled children who are up-to-date on their well-child checkups through 2 years of age



Above: Members of the Senate Finance Committee discuss legislation during the 2010 legislative session. Below: Members of the House of Representatives debate an issue on the floor in the last days of session. SB 13 Denali KidCare, which passed both the House and Senate, was ultimately vetoed by the Governor after citing disagreements with some of the provisions of the program.



are 48% less likely to experience an avoidable hospitalization.

Children with incomplete care are 60% more likely to visit an emergency department for any cause compared to children who are up-to-date on their well-child care.

As the cost of living and the cost of regular health care continues to rise, raising the eligibility level insures that children in the poorest families can retain access to health care. ❖



Members of Juneau-Douglas High School Youth Action Committee.

SB 101: Youth Risk Behavior Surveys (YRBS) dies in final committee

SB 101, sponsored by Senator Bettye Davis, made it to its final committee of referral in the House Finance committee, where the bill couldn't garner enough support from committee members to move out of committee.

The YRBS is a tool designed by the Center for Disease Control and Prevention to monitor health risks faced by young people. The anonymous survey has been used since 1991 and is currently being administered in 48 states to help gather information for planning, implementing and evaluating efforts to improve the health of young people. The data is also used in prevention efforts that address adverse behaviors, such as substance abuse and suicide. SB 101, sponsored by Sen. Bettye Davis, addresses anonymous surveys in schools to monitor the prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems.

Passive vs. Active Parental Consent

The provisions in SB 101 allow for "passive parental consent" for the survey, meaning they can be administered to students, unless a parent "opts out," or denies permission. The current law allows for "active parental consent," which requires a parent's signature for students to fill out the survey. The provisions in SB101 did not require a school

district to administer the survey, nor require all students to participate. The right of a parent to refuse permission for their child to take the survey would still have been in place.

How YRBS is Administered

The YRBS is an anonymous survey administered by people trained specifically for this purpose. Administrators take great precaution never to link the survey participant with their responses by instructing students not to put their name on the survey itself. Completed surveys are collected and sent in an envelope for offsite evaluation. The results of the surveys are aggregated to provide school districts, states, and the nation information on the behavioral risk factors faced by young people. Although Alaska has participated in the biennial survey since 1995, it has only been able to achieve statistically valid results four out of the seven times it has been administered.

Under the current law, students who do not return a permission slip are not permitted to take the YRBS. This effectively lowers the student participation rate, ultimately causing Alaska's overall participation rate to either fail to meet the 60% threshold or just barely meet it. For the YRBS to be statistically valid, the overall participation rate has to exceed 60%. That threshold acts as one more precaution to protect the privacy of the survey participant. When Alaska is not able to achieve that threshold, the statewide results have to be discarded, which is, effectively, a waste of school district resources.

For providers working in the field of behavioral health, the YRBS data is an important evaluation tool telling us whether or not our prevention and treatment efforts related to alcohol abuse are working. Because YRBS participation rates have not met the required threshold, Alaska has been unable to use trend data to include an indication of the percentage of youth who may engage in heavy drinking or may engage in binge drinking.

The data provided by the YRBS helps school districts, health planners, and decision makers by evaluating ongoing programs and policies for their effectiveness, and highlights the need for prevention and early intervention programming before the problems become expensive and difficult-to-treat chronic conditions. It is important to recognize that the YRBS data shows us both what is working and what is not. ❖

SCR 12: Fetal Alcohol Spectrum Disorders (FASD) Awareness Day

Senate Concurrent Resolution (SCR) 12 passed both the House and Senate and was signed by the Governor on July 9, proclaiming that September 9, 2010 is Fetal Alcohol Spectrum Disorders (FASD) Awareness Day. The resolution's sponsor, Senator Kevin Meyer (R-Anchorage), said, "I believe it is important to raise awareness about the dangers of drinking during pregnancy and to find ways to compassionately help individuals and families who struggle with FASD."

SCR 12 Alaska has the highest known incidence of FASD in the United States. FASD is a range of disabilities caused by prenatal exposure to alcohol – which can cause birth defects, permanent brain damage, learning disabilities, speech and behavioral problems.

FASD Awareness Day is observed a reminder that women should abstain from alcohol for the nine months of pregnancy.

WHEREAS fetal alcohol spectrum disorders are a leading cause of preventable and permanent birth defects and mental retardation in the United States; and

WHEREAS the birth defects associated with fetal alcohol spectrum disorders include brain damage, facial deformities, and deficits in growth, learning, memory, and internal organ development; and

WHEREAS fetal alcohol spectrum disorders result from ingestion of alcohol by a woman during pregnancy; and

WHEREAS Alaska has the highest known incidence of fetal alcohol spectrum disorders in the United States; and

WHEREAS fetal alcohol spectrum disorders affect all racial and socioeconomic groups; and

WHEREAS, in addition to the personal emotional costs, fetal alcohol spectrum disorders cost taxpayers millions of dollars over an affected individual's lifetime;

BE IT RESOLVED that the Alaska State Legislature proclaims September 9, 2010, as Fetal Alcohol Spectrum Disorders Awareness Day; and be it

FURTHER RESOLVED that the people of the state observe Fetal Alcohol Spectrum Disorders Awareness Day with appropriate efforts to promote awareness of the effects of prenatal exposure to alcohol and of the fact that there is no known safe level of alcohol consumption during pregnancy, to increase identification of children with fetal alcohol spectrum disorders, and to improve the lives of those affected by fetal alcohol spectrum disorders.

AMHB/ABADA leads FASD efforts

The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse worked intensely throughout the session to support budget and policy items related to Fetal Alcohol Spectrum Disorders (FASD). Here are some of the highlights:

Successfully advocated for funding for services for people diagnosed with FASD and substance abuse treatment for pregnant women;

Collaborated in planning the February 2010 FASD Southeast Alaska Regional Conference in Juneau;

Sponsored five families to attend the FASD Southeast Alaska Regional Conference, through the boards' *Family Voice* project. These families received advocacy training and used it during the legislative session to advocate for issues related to FASD;

Hosted a presentation by families and experts speaking about FASD before the House and Senate Health and Social Services committees;

Facilitated the formation of the Southeast Alaska FASD Coalition and the Alaska FASD Partnership;

Co-sponsored, with the Alaska FASD Partnership and CHARR (Cabaret Hotel, Restaurant and Retailers) and an appreciation luncheon in the Capitol for legislators who have worked on behalf of individuals and families affected by FASD. ❖

Alaska FASD Partnership

AMHB and ABADA worked with stakeholders in 2010 to form a statewide partnership of organizations and individuals committed to addressing issues related to fetal alcohol spectrum disorders. The mission of the Alaska FASD Partnership is to prevent Fetal Alcohol Spectrum Disorders and to promote effective, life-long interventions for those affected by prenatal exposure to alcohol, and their families. Partnership members are organizing to address a variety of issues related to diagnosis, screening, case management, prevention and treatment for pregnant women, education/training, housing, employment, etc.), FASD and the education system, and FASD and the legal system.

More bills and resolutions...

Many bills and resolutions passed the legislature in 2010 affecting people with mental illness and/or substance abuse disorders, and were signed by the Governor. Following is some of the legislation of interest to AMHB and ABADA:

HJR 16 – Disabled Veterans Procurement Preference, by Rep. Carl Gatto (R-Palmer).

A resolution calling on the president to direct federal agencies in Alaska to comply with federal laws that establish a 3% procurement goal and sole source contracting for small businesses owned and controlled by service-disabled veterans; and on Congress to hold hearings to address federal agencies regarding procurement goals and statutory contracting provisions.

HB 52 – Post-trial Juror Counseling, by Rep. Beth Kerttula (D-Juneau). This bill allows judges to offer 10 hours of post-trial group counseling to a juror who serves in a criminal trial involving extraordinarily graphic, gruesome, or emotional evidence or testimony.

SB 83 – Vocational Rehabilitation Committee, by the Governor. This bill repeals a Governor's committee on employment of people with disabilities and replaces it with a state vocational rehabilitation committee.

HB 98 – Minor Consuming, by Rep. Jay Ramras (R-Fairbanks). This bill amends the definition of "repeat minor consuming" to include a prior suspended imposition of sentence or conviction for minor consuming, and the definition of "habitual minor consuming." It also establishes a mandatory jail sentence for first-time felony bootlegging and increases sentences for future violations. The bill also affects the amount of beer that may be transported and possessed under local option law.

HB 126 – Foster Care/CINA/Education of homeless, by Rep. Les Gara (D-Anchorage). This bill changes the definition of home care, requires social workers to meet with foster children once per month, and expands the transitional housing program for youth coming out of foster care for

one year. It also requires school districts to provide transportation for homeless students so they may attend their school of origin, and allows OCS to grant one-year extensions of foster care until age 21.

SB 194 – Civil Damages for Alcohol Violations, by Senator Kevin Meyer (R-Anchorage). This bill requires that an ID card issued to a person under 21 expire 90 days after the person reaches 21. It also allows a court to require a person convicted under the statute to pay for and enroll in a juvenile alcohol safety action program, if one is available.

SB 199 – Medicaid Coverage for Dentures, sponsored by Senator Johnny Ellis (D-Anchorage). This will allow the Department of Health & Social Services to authorize payment for a full set of dentures in one fiscal year, rather than the current practice of two fiscal years, to eligible recipients. The Legislature did not pass legislation raising the cap for dental services. Currently, the annual cap for dental services – such as cleanings, exams, crowns, root canals and dentures – is \$1,150 per individual. Trust beneficiaries list dental services as a priority unmet health need.

SB 238 – Medicaid for Medical and Intermediate Care, by Senator Bettye Davis (D-Anchorage). This changes the income eligibility rate for Medicaid long-term services to 300% of the Supplemental Security Income (SSI) rate.

SB 239 – Ignition interlock devices/DUI/chemical test, by Senator Kevin Meyer (R-Anchorage). This law makes it a mandatory condition of probation that a person convicted of DUI (or refusal to take a chemical test) not operate a vehicle unless it is fitted with an ignition interlock device (IID). ❖

FY11 budget has good news for beneficiaries

The FY11 Operating and Capital budgets passed with funding for programs and projects affecting Trust beneficiaries. The following made it into the final budget bills signed by the Governor:

MENTAL HEALTH

Designated Evaluation and Treatment Expansion

\$300,000 (MHTAAR) IncOTI (DHSS)

This project proposes to prevent further erosion of already limited services by providing additional short-term funding for existing services, and support the rising transport costs of getting people in crisis to a DET facility and home again. These services also work toward the goals of reducing suicide and the criminalization of Alaskans experiencing mental illness. DES/DET saves the expense of transporting people in crisis to API.

Rural Psychiatric Emergency Services

\$300,000 (MHTAAR) IncOTI (DHSS)

This is the continuation of a two-year recommendation for developing appropriate emergency services in rural hub communities. Funding builds upon the progress made in FY10, providing safe and appropriate psychiatric emergency services in bush communities.

Soteria House

\$275,000 (GF/MH) Inc (DHSS)

Funding supports adults newly diagnosed with mental illness in Soteria House, a home-like environment with some mental health supports. Soteria House offers people with acute and long term symptoms of mental illness the opportunity to recover in a non-coercive, medication-free environment (if they choose).

Increased Access to FASD Treatment Services in Rural

Alaska \$300,000 (GF/MH) Inc (DHSS)

This funding will build services in four communities with active FASD diagnostic teams so that children diagnosed with FASD can receive appropriate therapies and services as close to home as possible – which may include occupational therapy, speech therapy, physical therapy, case management education supports and specialized mental health services – and allows for immediate access of service upon diagnosis, rather than delay treatment.

IMPACT model of treating depression

\$70,000 (MHTAAR) IncOTI (DHSS)

The Alaskan IMPACT project (Improving Mood - Promoting

Access to Collaborative Treatment) is a model for treating depression in adults by establishing protocols for identifying and intervening within the primary care setting, where people feel most comfortable. The model relies on regular contact with a depression care manager and psychiatrist, with an emphasis on identifying manageable steps toward positive lifestyle changes and working closely with primary care physicians. The project offers patient education and support for antidepressant medication when needed.

SUBSTANCE ABUSE

Rural Planning and Implementation of Community Detox

\$100,000 (MHTAAR) IncOTI (DHSS)

Funding allows continuation of a two-year recommendation for bush communities working to find local solutions to chronic inebriate problems. Funding targets communities with high levels of readiness, and can be used to complement other sources of funding that implement community plans (once finalized) or to help initiate planning processes in communities ready to engage the issue.

Specialized Treatment Unit (Clithroe)

\$1.2 million (GF/MH) Inc (DHSS)

This increment will sustain the Secured Treatment Unit (STU) pilot project and will be used to increase the treatment opportunities for chronic public inebriates within the state. The program provides detoxification and residential substance abuse treatment services for adult chronic inebriates who are referred through AS 47.37.180-205 (Title 47) – non-voluntary commitment to treatment.

Pre-Development for Sleep-off Alternatives in Targeted Communities (Nome)

\$100,000 (MHTAAR) IncOTI (DHSS)

This recommendation is to support planning for a rural secure treatment provider to provide services for rural Alaskans committed to secure treatment under Title 47. Funding will help chronic inebriates achieve sobriety results in better health, greater security, and less risk of entering the criminal justice system.

Detox and Treatment capacity as alternatives to

protective custody holds \$818,300 (GF/MH) Inc (DHSS)

This project continues funding the development of community detoxification capacity and treatment alternatives to avoid the high costs incurred by the use of

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state correctional institutions for Title 47 substance abuse protective custody holds.

Substance Abuse Treatment for Pregnant Women

\$500,000 (GF/MH) (DHSS)

This funding will make grants available to expand capacity for residential and/or intensive outpatient substance abuse treatment to pregnant women. The funding is prioritized as follows: 1) expand residential treatment capacity for pregnant women statewide (to alleviate the need to travel to large cities), 2) encourage the expansion of existing family-based treatment models where children can reside at the facility with the mother in treatment, 3) expand intensive outpatient treatment capacity for pregnant women so when space in a residential or a family-style program is not available, a pregnant woman can receive it, 4) expand aftercare resources.

Methadone Clinics in Anchorage and Fairbanks

\$160,000 (GF) Inc (DHSS)

This funding will clear waiting lists for methadone clinics in Anchorage and Fairbanks; increase treatment capacity to 100 patients in Anchorage, and 50 in Fairbanks; fund medical supplies and services, and direct counseling services.

YOUTH

Peer Navigator Program

\$175,000 (MHTAAR) + \$275,000 (GF/MH) (DHSS)

The Parent and Youth Navigator project allows parents and youth to be hired to assist their peers in navigating the service delivery system for youth experiencing serious emotional disturbance (SED). A significant number of these youth experience co-occurring mental health and substance abuse disorders. The project also funds a volunteer youth advisory group.

Technical Assistance for Bring the Kids Home projects

\$100,000 (MHTAAR) IncOTI (DHSS)

This funding will allow Division of Behavioral Health (DBH) to streamline business practices among Bring the Kids Home (BTKH) providers with an emphasis on performance based funding and outcomes. It will support technical assistance, training and on-going mentoring to improve delivery of integrated, family-driven, recovery oriented services.

Tool Kit Development and Expand School-based Services Capacity

\$50,000 (MHTAAR) IncOTI (DHSS)

This project funds a 'tool kit' of effective school-based programs for youth experiencing SED. Partnerships between behavioral health providers and schools ensure success for youth at risk for residential placement.

Tribal/Rural System Development

\$300,000 = (\$200,000 (MHTAAR) IncOTI + \$100,000 (GF/MH) Inc) (DHSS)

Funding will help establish services for children with SED in

rural areas. Almost 40% of youth experiencing SED in Residential Psychiatric Treatment Centers (RPTCs) out of state are Alaska Native. This funding will develop services and improve funding mechanisms for rural populations.

Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training

\$950,000 = (\$450,000 (MHTAAR) IncOTI + \$500,000 (GF/MH) Inc) (DHSS)

This funding expands multiple grants to Community Behavioral Health Centers (CBHCs) to enhance outpatient services through innovative programs and training to reduce the need for residential level services for youth experiencing SED.

Transitional Aged Youth

\$200,000 (\$100,000 MHTAAR + \$100,000 GF/MH) IncOTI (DHSS)

This funding will help start up and sustain community-based capacity for transitional aged youth with few or no family supports as they move into adulthood – through age-appropriate services that support productive work and/or educational activities. This funding targets youth who are vulnerable to moving into adult systems.

Expansion of School-based Services Capacity via Grants

\$200,000 (MHTAAR) + \$200,000 (GF/MH) IncOTI (DHSS)

This project provides educational tracking for youth returning from RPTCs to ensure their educational success in the community. It also pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham.

Individualized Services Related to Bring the Kids Home

\$400,000 (GF/MH) Inc (DHSS)

This will continue funding for additional care for youth experiencing SED who are not qualified under Medicaid, or who need non-Medicaid eligible services to stay at lower levels of care and avoid RPTC placement.

Crisis Bed Stabilization - Anchorage and statewide

\$150,000 (MHTAAR) IncOTI (DHSS)

This program maintains services in Anchorage and will expand services beyond Anchorage for youth-in-crisis by avoiding higher placements via crisis stabilization beds. This critical component of the BTKH overall plan is expected to save Medicaid funds for acute hospitalizations and eventual referrals to RPTCs.

Child Psychiatrist

\$50,000 (MHTAAR) IncOTI (DHSS)

Funds will hire a child psychiatrist at Alaska Psychiatric Institute (API) to provide doctor-to-doctor consultation around case planning and treatment recommendations. The psychiatrist provides a second opinion for state staff

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working to divert children from RPTC care. Funding will also provide consults to primary care physicians for children at risk of moving into acute or residential care, with the goal of moving youth experiencing SED to the lowest level of care that is appropriately possible.

Family Voice

\$50,000 (MHTAAR) IncOTI (DHSS)

This project brings a significant number of parents and youth from throughout Alaska to the Bring the Kids Home (BTKH) quarterly meetings, and other advocacy and policy meetings. Funding supports parents who have sons/daughters experiencing SED in advocacy efforts.

Foster Parent & Parent Recruitment training & support (DHSS) \$425,000 (\$275,000 MHTAAR IncOTI + \$150,000 GF/MH Inc) (DHSS)

Project provides resources to recruit and screen potential foster parents, and provide training and technical assistance for parents and foster parents. Therapeutic Foster Homes are recognized in BTKH planning as an economical and effective alternative to costlier types of residential care for youth experiencing SED. Funding utilizes contractors to recruit and screen foster parents, and to provide technical assistance that assists in retaining these parents.

Mentorship Program to Match Volunteer Mentors Statewide with Foster Youth and Youth Coming Out of Care \$200,000 (GF) Inc (DHSS)

This funding provides grants to non-profit agencies to match volunteer mentors statewide with foster youth and youth coming out of care for ages 16½ through 21.

Funding and Staff for the Independent Living Program to Assist Youth with Work, School, Job training and Life Skills \$160,500 (GF) Inc (DHSS)

This funds two additional staff to help effectively extend educational, work and life skill guidance to youth coming out of care. The Independent Living Program (ILP) assists youth with work, school, job training, and life skills.

Early Childhood Comprehensive System Grants

\$75,000 (MHTAAR) IncOTI (DHSS)

This continues grant funding for early intervention with very young children (birth to 6 years of age) at risk of becoming youth experiencing SED.

Clinician to Work w/ Head Start & Day Care Centers

\$100,000 (MHTAAR) IncOTI (DHSS)

This project establishes an early childhood mental health learning network, funds a state coordinator position and provides grants for agencies to engage in early childhood screening and intervention services at Head Start and other day care programs. Data supports that infants and toddlers not meeting developmental milestones who live in high risk families or who are born into otherwise aversive life

situations, have a substantially higher probability of developing severe emotional or behavioral disturbances.

Behavior Intervention and Supports for Early Childhood System \$80,000 (MHTAAR) IncOTI (DHSS)

This funding will continue supports that work to improve the behavioral health of young children who experience developmental disabilities and related challenging behaviors. This project supports increasing children's chances for succeeding in school and community environments by training provider agencies on-site in the use of the Positive Behavioral Supports (PBS), and evidence-based model of behavior management.

Increase Mental Health Clinical Capacity in Juvenile Justice Facilities \$189,200 (MHTAAR) IncOTI (DHSS)

This project maintains appropriate mental health clinical staff capacity in providing appropriate treatment for youth in Alaska's juvenile justice system, and ensures an appropriate transition plan back into the community.

Best Beginnings Imagination Library Initiative and Development of Local Early Childhood Councils \$380,000 (GF) IncOTI (DEED)

This funding supports early literacy, Parents as Teachers, and the Imagination Library by providing matching grants to local communities to purchase children's books.

SUPPORTED HOUSING

Bridge Home Pilot Project

\$750,000 (MHTAAR) IncOTI (DHSS)

This project replicates successful transition programs in other states for individuals 'cycling' through emergency and institutional settings. It allows for up to 60 individuals to receive less expensive, continuous services – including a rental subsidy (estimate based on 60% of income) – in order to 'bridge' from institutional discharge over to the HUD Housing Choice voucher program (formerly known as the Section 8 housing voucher program). An important component is the inclusion of intensive in-home support services.

Office of Integrated Housing

\$200,000 (MHTAAR) IncOTI (DHSS)

This ongoing project offers technical assistance to develop individualized community services and supports, including housing, for consumers struggling with mental illness and/or substance abuse disorders. The stated mission is to aggressively develop the expansion and sustainability of supported housing opportunities statewide for behavioral health consumers – in safe, decent, and affordable homes, in the least restrictive environment of their choice, and supportive of individual rehabilitation processes.

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Homeless Assistance Program

\$10,000,000 = (\$10 million = \$3.35M (AHFC), \$1.15M (MHTAAR), \$500,000 (GF/MH), \$3M (AIDEA), \$2M (Federal))
The Homeless Assistance Program, administered by Alaska Housing Finance Corporation (AHFC), funds programs that provide support services for Alaskans experiencing homelessness, including people with mental illness and/or addiction disorders.

CORRECTIONS/COURTS

APIC (Assess, Plan Identify and Coordinate) Model for Prisoner Re-entry

\$210,000 (MHTAAR) IncOTI (DOC)
The APIC Model connects Trust beneficiary offenders re-entering to community to appropriate community behavioral health services. This project proactively engages the community treatment provider with the soon-to-be released offender, so a plan is developed and secured for the offender to transition into once released from DOC custody, thus decreasing the risk of recidivism and the associated high costs of care within the correctional setting.

Discharge Incentive Grants

\$350,000 (MHTAAR) IncOTI (DHSS)
This project focuses on 'community re-entry' and targets beneficiaries with challenging behaviors leaving incarceration – specifically individuals requiring extended supervision and support services. Additionally, resources help increase the skill level for assisted living providers to successfully house this population.

Mental Health Clinical Positions

\$164,000 (MHTAAR) IncOTI (DOC)
This funding will provide qualified staff at the Yukon-Kuskokwim Correctional Center in Bethel, and other identified facilities as needed, to accommodate increased capacity, and to better assist those with mental health disorders.

Maintain Treatment Capacity Therapeutic Court Participants w/ Co-Occurring Disorders

\$75,000 (GF/MH) Inc (DHSS)
This project will continue providing essential co-occurring assessment and treatment services for participants in the Palmer Mental Health Court. This project will provide access to community co-occurring treatment services so an individual can address the underlying mental health and substance abuse issues that contributed to their contact with the criminal justice system. This increases public safety and decreases the risk of future high costs incurred by contacts with the criminal justice system and care within correctional settings or the psychiatric institution.

ASAP (Alcohol Safety Action Program) Therapeutic Case Management and Monitoring Treatment

\$138,000 (MHTAAR) IncOTI (DHSS)

The Alaska Safety Action Program (ASAP) Therapeutic Case Management and Monitoring Treatment project will continue funding an existing position within ASAP in Barrow. This position identifies available treatment, makes treatment recommendations to the court, and supports and monitors adherence to those court ordered recommendations.

Treatment funding for therapeutic court participants

\$500,000 (MHTAAR) IncOTI (Courts)
This funding supports the ongoing partnership between the Trust, the Alaska Court System, and other criminal justice departments and agencies in offering a therapeutic alternative to people with mental illness and substance abuse disorders. Timely access to substance abuse and mental health treatment services is a critical component to the operations of these courts and the success of its participants.

Fairbanks Juvenile Therapeutic Court

\$245,900 (MHTAAR) IncOTI (Courts)
Fairbanks Juvenile Therapeutic Court will continue funding for a therapeutic court alternative for Trust beneficiary youth involved in the juvenile justice system. The focus on youth is critical for avoiding the future costs of more expensive treatment services or costs associated with the adult correctional and judicial systems.

Mental Health Court Expansion-targeted communities

\$204,400 (MHTAAR) IncOTI (Courts)
This expansion will provide a therapeutic court alternative for Trust beneficiaries in Juneau or Kodiak, and through the development of a court-ordered treatment plan, help identify the underlying reasons for an individual's contact with the criminal justice system.

Access to timely neuropsychiatric evaluations

\$5,000 (MHTAAR) IncOTI (Courts)
This funding will continue providing for assessments and evaluations that assist therapeutic court teams in developing appropriate court-ordered treatment plans, as well as assist judicial officers and legal team members in constructing conditions of bail/probation appropriate to the participant's cognitive abilities.

WORKFORCE DEVELOPMENT

Assisted Living Home Training and Targeted Capacity for Development

\$100,000 (MHTAAR) IncOTI (DHSS)
This project is a continuation of a Trust project to improve the quality of training available to assisted living home providers. The DHSS Behavioral Health General Relief Adult Residential Care (ARC) program funds assisted living costs for approximately 142 indigent individuals with severe mental health disabilities statewide, and approximately 10 to 12 high

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needs individuals exiting correctional facilities. Both of these programs are intended to prevent homelessness and to improve daily functioning for very impaired beneficiaries.

UAA /UAF PhD Student Partnership

\$50,000 (MHTAAR) IncOTI (DHSS)

This project funds Internships for Ph.D. clinical community psychology students, with a rural indigenous emphasis. The purpose of the research assistantship is to provide the student with an opportunity to be involved in actual applied research within the field and to be mentored by researchers who are involved in the types of applied research that graduates of the program will ultimately do upon completion of the program.

PhD Internship Consortium (AK-PIC) (DHSS)

\$100,000 (GF/MH) Inc (DHSS)

This project funds a grant for technical assistance to support the accreditation of AK-PIC. Accreditation ensures that internship programs are setting and achieving high, but reasonable standards in education and service delivery. At present, no such internship exists in Alaska..

Workforce Development Manager

\$60,000 (MHTAAR) IncOTI (DHSS)

This position is the point of contact for DHSS, Trust, and University on all workforce development project and activities. Goals include: 1) promote understanding of the behavioral health workforce initiative with state and national stakeholders – including DBH, OCS, DJJ, DSDS and Pioneers homes; 2) create and maintain common tracking and accountability systems for on-going projects; 3) work with provider groups and key constituents in promoting evidenced-based practices; 4) produce publications as needed; 5) convene and staff the Behavioral Health Initiative Project oversight committee; 6) work to actively involve designated staff in the development and implementation of department-wide workforce development areas; 7) work with the Western Interstate Commission on Higher Education (WICHE) to convene and staff the Mental Health Trust Workforce Development focus area; 9) oversee and guide the three formal workgroups and the committees created to address specific workforce issues; and 10) develop an annual work plan and strategic plan that addresses the needs of the existing and new projects.

SUICIDE

Suicide Response and Postvention

\$200,000 (ADT&P) Inc (DHSS)

This funding supports increased community capacity to

respond to suicide and decrease suicides in targeted regions. Suicide response “kits” will provide immediate access to postvention resources to clinics, IRAs, etc., statewide. ❖

ACTS OF ADVOCACY

- ❑ Write a letter-to-the-editor about something you care about, or coordinate a letter writing campaign.
- ❑ Make a telephone call to a public official's office or coordinate a telephone campaign.
- ❑ Write a letter to a public official or coordinate a letter-writing campaign.
- ❑ Organize people to sign up for Capwiz.
- ❑ Host a reception in your home or place of work.
- ❑ Make 5 contacts to spread the word about an issue.
- ❑ Tag onto a public event, party or reception and set up a table that raises awareness about an issue.
- ❑ Visit a legislator in your hometown.
- ❑ Write an opinion piece for your local newspaper or find someone else to do it.
- ❑ Go on a radio talk show and discuss an issue, or find someone else to do it.
- ❑ Write a personal story and send it to a policy-maker.
- ❑ Participate in regular teleconferences to stay informed about an issue.
- ❑ Tell your friends or co-workers about an issue.
- ❑ Attend an advocacy training workshop.
- ❑ Testify at a public meeting (Assembly, City Council, Rotary, Chamber, School Board, state legislature).
- ❑ Coordinate an all-out local advocacy effort in your community – contact media, host receptions, organize letter-writing and telephone calling campaigns, coordinate volunteers in your area, visit legislators, etc.

OUR BOARDS

The Advisory Board on Alcoholism and Drug Abuse (ABADA) is a statutorily authorized Governor's advisory board charged with assisting in planning and offering oversight of Alaska's behavioral health system. Through our mandate, we work to support a comprehensive, effective and accountable behavioral health system of prevention and treatment for Alaska, so all Alaskans can live healthy, productive lives.

The Alaska Mental Health Board (AMHB) is charged with assisting in planning and offering oversight and evaluation of Alaska's behavioral health system. AMHB also provides advocacy for Alaskans affected by mental illness. Our vision is for all Alaskans to live healthy, productive lives.



Members of the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse stand on the front steps of the Capitol.

Advisory Board on Alcoholism and Drug Abuse



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WEBSITES:

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JOIN the TRUST'S ACTION NETWORK (CAPWIZ):

www.capwiz.com/mhtrust/home

Kate Burkhart Executive Director
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